Applicant Review Panel

Application Review and Quality Control Sheet

Applicant Name: <u>La Smine</u>	San toro	Anderson
Date Received: 2 12 13 A	pplicant Number:	046
Recommended Applicant Pool Status:	Final Applicant Poc	ol Status:
☐ Included ☐ Removed	☐Included	Removed
REQUIREMENTS:	:	
1. Was the application received before the submission deadline?		
If NO, list time/date application was receive	d:	-
2. Is the application complete?		✓Yes ☐No
If NO, list the item(s) that need to be comple	ted:	
3. Indicate how the applicant responded to the fo	llowing questions:	
5. Indicate now the applicant responded to the re	nowing questions.	_/
A. Reside in the City of Austin?		La Yes Li No
B. Currently licensed CPA by the TSBPA?		□Yes □No
If YES, list the license number:		
i. Was the license number verifie	d against TSBPA data?	□Yes ☑No
C. Has at least 5 years of auditing experience?	•	□Yes □No
If YES:		_
i. Did the applicant list at least 5	years of audit experience?	□Yes □No
Follow-up needed related to REQUIREMENTS?		ЦYes Ц'No
If YES, identify issue(s) addressed and dispos	ition:	

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<u>CC</u>	<u>ONFLICTS OF INTEREST</u> :		
4.	Did the applicant respond "Yes" to If YES, indicate which question(st questions?
.	Follow-up needed related to CONF	LICTS OF INTEREST?	□yes □No
	If YES, identify issue(s) addresse	ed and disposition:	
<u>cc</u>	NSISTENCY:		
5.	Are applicant answers consistent? If NO, indicate which answer(s).		✓Yes □No
÷	Follow-up needed related to CONS	ISTENCY?	□yes □No
	If YES, identify issue(s) addresse	ed and disposition:	
Aį	oplication Reviewed By:	Shus	Review Date: 2 - 14 - 13
Q	uality Control Review By:	41:	QC Review Date: 2/15/13
Fc	/ ollow-up Contact(s) Reviewed By:	nla	Date: